

VONAGE REFUND REQUEST

PLEASE COMPLETE THE FOLLOWING INFORMATION, SIGN AND DATE THE FORM,
AND RETURN IT BY **MARCH 16, 2010**, TO:

CONSUMER ASSISTANCE PROGRAM
103 B MORRILL HALL, UVM
BURLINGTON, VT 05405

If you wish you may send it by fax to (802) 656-1423 or by e-mail to
consumercomplaint@atg.state.vt.us.

NAME (**Please Print**): _____

ADDRESS: _____

DATE OR TIME PERIOD OF OFFENDING ACTION(S): _____

DESCRIPTION OF OFENDING ACTION(S):

RELIEF YOU DESIRE: _____

DATE: _____

SIGNATURE: _____